

For the year Jan. 1 - Dec. 31, 1999, or other tax year beginning , ending ,

L A B E L  H E R E	Your first name and initial (if joint return, also give spouse's first name and initial)	Last name
	Present home address (number and street or P. O. Box number)	
	City, town or post office, state, and ZIP code	

PLACE LABEL HERE

Your social security number
Spouse's soc. sec. no. if joint return

FN (For official use only)

**Filing Status and Exemptions**

Check only one box.

- 1 ☐ \$1,500 Single
- 2 ☐ \$3,000 Married filing joint return (even if only one spouse had income)
- 3 ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
- 4 ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Relationship \_\_\_\_\_

**Income and Adjustments**

- 6 Wages, salaries, tips, etc. (list each employer and address separately):
- | A - Alabama tax withheld |  |    | B - Income |  |    |
|--------------------------|--|----|------------|--|----|
| a                        |  | 00 | 6a         |  | 00 |
| b                        |  | 00 | 6b         |  | 00 |
| c                        |  | 00 | 6c         |  | 00 |
| d                        |  | 00 | 6d         |  | 00 |
- 7 Interest and dividend income (also attach Schedule B if over \$400) ..... 7 00
- 8 Federal income tax refunds received in 1999. (see page 9 of instructions) ..... 8 00
- 9 Other income (from page 2, Part I, line 9) ..... 9 00
- 10 Total income. Add amounts in the income column for line 6a through line 9 ..... 10 00
- 11 Total adjustments to income (from page 2, Part II, line 8) ..... 11 00
- 12 Adjusted gross income. Subtract line 11 from line 10 ..... 12 00

**Deductions**

- 13 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26.  
Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)
- | Box a or b MUST be checked |    |
|----------------------------|----|
| a                          | b  |
| 13                         | 00 |
| 14                         | 00 |
| 15                         | 00 |
| 16                         | 00 |
- 14 Federal income tax withheld and paid during 1999 (see page 10 of instructions) ..... 14 00
- 15 Personal exemption (from line 1, 2, 3, or 4) ..... 15 00
- 16 Dependent exemption (from page 2, Part III, line 2) ..... 16 00
- 17 Total deductions. Add lines 13, 14, 15, and 16 ..... 17 00

**Tax**

Staple Form(s) W-2, W-2G, and/or 1099 here.

- 18 Taxable income. Subtract line 17 from line 12. .... 18 00
- 19 Tax due. Enter here and check if from ☐ Tax Table or ☐ Form NOL-85A ..... 19 00
- 20 Less credits from: ☐ Schedule CR and / or ☐ Schedule OC and / or ☐ Enterprise Zone Act (see instructions) .... 20 00
- 21 Net tax due Alabama. Subtract line 20 from line 19 ..... 21 00
- 22 You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund, or the Neighbors Helping Neighbors Fund.
- | a   | b   | c                           |
|---|---|-----------------------------|
| Alabama Democratic Party  | Alabama Republican Party  | Neighbors Helping Neighbors |
| <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none | <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none |                             |
- 23 Total tax liability and political contribution. Add lines 21, 22a, 22b, and 22c ..... 23 00

**Payments**

- 24 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099) ..... 24 00
- 25 Amount paid with extension (attach Form 4868A) ..... 25 00
- 26 1999 estimated tax payments (see instructions on page 12) ..... 26 00
- 27 Total payments. Add lines 24 through 26 ..... 27 00

**AMOUNT YOU OWE**

- 28 If line 23 is larger than line 27, subtract line 27 from line 23, and enter AMOUNT YOU OWE. CN ..... 00
- Place payment, along with Form 40V, loose in the mailing envelope.  
(SIGN this return on reverse side.)

**OVERPAID**

- 29 If line 27 is larger than line 23, subtract line 23 from line 27, and enter amount OVERPAID ..... 29 00
- 30 Amount of line 29 to be applied to your 2000 estimated tax ..... 30 00

**Donation Check-offs**

- 31 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes).
- |   |                          |    |   |                                       |    |
|---|--------------------------|----|---|---------------------------------------|----|
| a | AL Aging Fund            | 00 | f | AL Indian Children's Scholarship Fund | 00 |
| b | AL Arts Development Fund | 00 | g | Penny Trust Fund                      | 00 |
| c | AL Nongame Wildlife Fund | 00 | h | Foster Care Trust Fund                | 00 |
| d | Child Abuse Trust Fund   | 00 | i | Mental Health                         | 00 |
| e | AL Veterans Program      | 00 |   |                                       |    |
- 32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, and i ..... 32 00

**REFUND**

- 33 REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.) ..... 33 00

**PLEASE**

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

**PART I****Other  
Income**

(see page 13)

1	Alimony received .....	1		00
2	Business income or (loss) (attach Federal Schedule C or C-EZ) .....	2		00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) .....	3		00
4a	Total IRA distributions	4a		00
4b	Taxable amount (see instructions) .....	4b		00
5a	Total pensions and annuities	5a		00
5b	Taxable amount (see instructions) .....	5b		00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) .....	6		00
7	Farm income or (loss) (attach Federal Schedule F) .....	7		00
8	Other income (state nature and source — see instructions) .....	8		00
9	<b>Total other income.</b> Add lines 1 through 8. Enter here and also on page 1, line 9 .....	9		00

**PART II****Adjustments  
to Income**

(see page 16)

1a	Your IRA deduction .....	1a		00
b	Spouse's IRA deduction .....	1b		00
2	Payments to a Keogh retirement plan and self-employment SEP deduction .....	2		00
3	Penalty on early withdrawal of savings .....	3		00
4	Alimony paid. Recipient's last name _____ Social security no. _____ Address _____ City _____ State _____ ZIP _____	4		00
5	Adoption expenses .....	5		00
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6		00
7	Self-employed health insurance deduction .....	7		00
8	<b>Total adjustments.</b> Add lines 1 through 7. Enter here and also on page 1, line 11 .....	8		00

**PART III****Dependents**Do not include  
yourself or  
your spouse

(See page 10)

1a	<b>Dependents:</b> (1) First name _____ Last name _____ _____ _____ _____	(2) Dependent's social security number _____ _____ _____	(3) Dependent's relationship to you _____ _____ _____	(4) Did you provide more than one-half dependent's support? _____ _____ _____
b	Total number of dependents claimed above .....			
2	<b>Amount allowed.</b> (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 16 .....			
			2	00

**PART IV****General  
Information****All Taxpayers  
Must Complete  
This Section.**

1	<b>Residency</b> <input type="checkbox"/> Full Year <input type="checkbox"/> Part Year If you were a part-year resident of Alabama during 1999, indicate your period of residence: Check only one box From _____ 1999 through _____ 1999. Total months _____
2	Did you file an Alabama income tax return for the year 1998? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	If no, state reason. _____
4	Give name and address of present employer(s). Yours _____ Your Spouse's _____
5	Enter your Adjusted Gross Income reported on your 1999 <b>Federal</b> Individual Income Tax Return .....
6	Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter source(s) and amount(s) below: (other than state income tax refund)
	Source _____ Amount _____
	Source _____ Amount _____

**Sign  
Here**Keep a copy  
of this return  
for your records.

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

**Under penalties of perjury,** I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____	Date _____	Daytime telephone number _____ ( )	Your occupation _____
Spouse's signature (if joint return, BOTH must sign) _____	Date _____	Daytime telephone number _____ ( )	Spouse's occupation _____

**Paid  
Preparer's  
Use Only**

Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____
Firm's name (or yours if self-employed) and address _____	E.I. No. _____		ZIP Code _____

**WHERE TO  
FILE  
FORM 40**

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

If you are not making a payment, mail your return to:

Alabama Department of Revenue  
P. O. Box 154  
Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue  
P.O. Box 2401  
Montgomery, AL 36140-0001Mail **only** your 1999 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P. O. Box 327410, Montgomery, AL 36132-7410.